

NOTICE

USE THIS FORM FOR SCHEDULE:

6-INVENTORY TRANSFERS & ADJ'S

**STATE OF NEW HAMPSHIRE
ROAD TOLL BUREAU
"INVENTORIES AND RECEIPTS"**

DISTRIBUTOR NAME: _____

FEIN: _____

SCHEDULE NUMBER: 6

MONTH/YR. _____

PAGE _____ OF _____

[illegible]

--WITHOUT DETAILED EXPLANATIONS, YOUR ADJUSTMENTS MAY BE DISALLOWED--

NOTE: There must be one (1) schedule submitted for each product type or it may be disallowed.

PRODUCT TOTALS THIS PAGE →>

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DIESEL AND KEROSENE TOTAL TO LINE 6 (UNDYED SPECIAL FUEL) ON THE MFD1-S/AF REPORT (Total of col. A & B)→>

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JET FUEL TOTAL TO LINE 6 ON THE MFD 1-S/AF REPORT (Total of col. D)→>

INSTRUCTIONS

"INVENTORIES AND RECEIPTS"

MFD SCHEDULE 6- INVENTORY TRANSFERS AND ADJUSTMENTS

This form is required by RSA 260:38 I and is designated as form MFD 6. It is to be completed by an authorized representative and shall include the following information:

1. Distributor Name.
2. Federal Employer Identification Number (FEIN)
3. Period Covered.
4. Indicate if more than one page is used.
5. ***List what the original product is/was and what it being/been converted to.***
6. ***List all inventory transfers and adjustments of Undyed Special Fuel. Each entry should be the MONTHLY TOTAL for that transfer and/or adjustment.***
7. Additions should be shown as a positive number; deductions should be shown as a negative number in (Brackets).
8. The total of column A and B is to be posted to line 6 of the MFD 1-S/AF(UNDYED SPECIAL FUEL); the total of column D is to be posted to line 6 of the MFD 1-S/AF (JET FUEL).
9. The total gallons for the page are to be shown. If more than one page is used, the ***FINAL*** page will contain the amount to forward to line 6 on the MFD 1-S/AF Report.

TABULATED COMPUTER LISTINGS CONTAINING THE ABOVE DATA MAY BE USED, WHEN APPROVED, BUT MUST BE ATTACHED TO THE APPROPRIATE SCHEDULE.